

## **Application Data Sheet**

### **Application Information**

Application Type:: Regular  
Subject Matter:: Utility  
Suggested Group Art Unit::  
Sequence submission?:: Paper  
Computer Readable Form (CRF)?:: Yes  
Title:: Modified and Stabilized GDF Propeptides and Uses  
Thereof  
Attorney Docket Number:: AM100384  
Request for Early Publication?:: No  
Request for Non-Publication?:: No  
Suggested Drawing Figure:: 10  
Total Drawing Sheets:: 22

### **Applicant Information**

Applicant Authority type:: Inventor  
Primary Citizenship Country:: U.S.  
Given Name:: Neil  
Middle Name:: M.  
Family Name:: Wolfman  
City of Residence:: Dover  
State or Province of Residence:: MA  
Country of Residence:: U.S.  
Street of mailing address:: 5 Phillips Lane  
City of mailing address:: Dover  
State or Province of mailing address:: MA  
Country of mailing address:: U.S.  
Postal or Zip Code of mailing address:: 02030

Applicant Authority type:: Inventor  
Primary Citizenship Country::  
Given Name:: Soo-Peang  
Middle Name::  
Family Name:: Khor  
City of Residence:: Andover  
State or Province of Residence:: MA  
Country of Residence:: U.S.  
Street of mailing address:: 200 Brookside Dr.  
City of mailing address:: Andover  
State or Province of mailing address:: MA  
Country of mailing address:: U.S.  
Postal or Zip Code of mailing address:: 01810

#### Correspondence Information

Name:: American Home Products Corporation  
Street of mailing address:: 5 Giralda Farms  
City of mailing address:: Madison  
State or Province of mailing address:: N.J.  
Country of mailing address:: U.S.  
Postal or Zip Code of mailing address:: 07940-0874  
Telephone:: (617) 665-8653  
Fax:: (617) 876-5851

#### Representative Information

Representative Customer Number::	25291
----------------------------------	-------

#### Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Non-Provisional of	60/267,509	02/08/01

### Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed:

### Assignee Information

Assignee Name::

Street of mailing address::

City of mailing address::

State or Province of mailing address::

Country of mailing address::

Postal or Zip Code of mailing address::